

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DER.	IND.	DEP.
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TOTAL IND.	2		3			
TOTAL DER.	6		18			
TOTAL CLAIMS	0		21			

*	IND.	DER.	*	IND.	DER.	*	IND.	DER.
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TOTAL IND.								
TOTAL DER.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS